

ED 172

REV. 5/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

Regs. 10-145d-414

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471



www.state.ct.us/sde

APPLICATION FOR TEMPORARY 90-DAY CERTIFICATE

PART I: PERSONAL INFORMATION (Print all information in dark ink and in uppercase letters.)

LAST NAME

FIRST NAME

MI

GENDER (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE (Month-Day-Year) – **Required**

ADDRESS (Street)

(Apt #)

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE

(Home)

(Work)

Race/Ethnicity

(Optional)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS _____

1. Have you ever been convicted of **any** crime, excluding minor traffic violations? ☐ YES ☐ NO
2. Have you ever been dismissed for cause from any position? ☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? ☐ YES ☐ NO

NOTE: If you answer “YES” to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

PART II: ASSESSMENT REQUIREMENTS

1. Have you fulfilled the PRAXIS 1 (PPST) or waiver requirement? ☐ YES ☐ NO
2. Have you fulfilled the PRAXIS II and/or ACTFL requirement(s)? ☐ YES ☐ NO

PART III: EDUCATIONAL BACKGROUND

List higher education institution(s) which you attended. Attach a separate sheet if you need additional space.

NAME OF INSTITUTION	STATE	DATES ATTENDED		DEGREE/MAJOR
		FROM	TO	

APPLICANT ATTESTATION: I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

SIGNATURE OF APPLICANT

DATE:

PART IV: EMPLOYING AGENT REQUEST

I hereby request issuance of a Temporary 90-Day Certificate for the aforementioned applicant to serve as indicated below.
(NOTE: 90 school days.)

Endorsement Area _____ Grade _____ From _____ To _____
(Month/Day/Year) (Month/Day/Year)

☐ Check box if bilingual endorsement is sought for above discipline.

Position (check one) ☐ 50% or More ☐ Less than 50%

The Board of Education will provide a Beginning Educator Support and Training (BEST) Program specifically designed for holders of the Temporary 90-Day Certificate and will provide orientation, including instruction, in Board of Education policies and procedures.

Signature of Superintendent/Exec. Dir./Designee
(Original signature, no stamps accepted)

Date

Typed or Printed Name of Person Signing Above

Title

Board of Education*

()

Telephone Number

Street

City

Zip Code

E-Mail Address

***Board of Education** means a Connecticut local or regional Board of Education, regional educational service center, unified school district, cooperative arrangement established pursuant to 10-158A of the Connecticut General Statutes, the Vocational-Technical School System, approved private special education facilities, the Gilbert School, Norwich Free Academy or Woodstock Academy.

ED 172

REV. 5/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

Regs. 10-145d-414

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471

www.state.ct.us/sde

INSTRUCTIONS TO APPLICATION FOR TEMPORARY 90-DAY CERTIFICATE

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Applicant:

- ☐ a. Complete Parts I, II and III.
- ☐ b. Attach official transcript(s), signed and sealed by the registrar(s).
- ☐ c. Attach Preparing Higher Education Institution form signed by the Alternate Route To Certification Director.
- ☐ d. Have fulfilled the PRAXIS I (PPST) and PRAXIS II or ACTFL requirements. (Please Note: A 90-Day Certificate will not be issued until all assessment requirements have been met and notification received from the appropriate testing agency.)
- ☐ e. Return completed application to the superintendent of schools.

Local Board of Education:

- ☐ a. Part IV is to be completed and signed by the superintendent of schools, executive director or designee.
- ☐ b. Return the completed application, attachments and checklist to the Bureau of Educator Preparation and Certification.

**CONNECTICUT ENDORSEMENT CODES AVAILABLE THROUGH
THE ALTERNATE ROUTE TO CERTIFICATION (ARC)**

015	English, 7 – 12	034	General Science, 7 – 12
018	French, 7 – 12	042	Art, Pre-K – 12
019	German, 7 – 12	049	Music, Pre-K – 12
020	Italian, 7 – 12	215	English, Middle School
021	Latin, 7 – 12	226	History & Social Studies, Middle School
022	Russian, 7 – 12	229	Mathematics, Middle School
023	Spanish, 7 – 12	230	Biology, Middle School
024	Other World Language, 7 – 12	231	Chemistry, Middle School
029	Mathematics, 7 – 12	232	Physics, Middle School
030	Biology, 7 – 12	233	Earth Science, Middle School
031	Chemistry, 7 – 12	234	General Science, Middle School
032	Physics, 7 – 12	235	Integrated Science, Middle School
033	Earth Science, 7 – 12		

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.